PRODUCERS LLOYDS INS. CO.

Producers Ag Insurance Group™, Inc.,
2025 South Hughes, Amarillo, TX 79109

Application for Crop Hail & Declaration Page to PLIC

Date _____ Page _____ of _____

APPLICANT'S NAME:			AGENCY:	AGENCY CODE:		POLICY NUMBER:
STREET ADDRESS:			ADDRESS:			NEW/RENEWAL/CHANGE (CURRENT):
CITY:	STATE:	ZIP:	CITY:	STATE:	ZIP:	ENDORSEMENT (SEASON):
PHONE:	CELL:		PHONE:			ARCH TO MPCI POLICY NUMBER:
IDENTIFICATION NUMBER:	IDENTIFICATION NUMBER TYPE:	PERSON TYPE:	LOSS PAYABLE TO APPLICANT AND:			TERM POLICIES: The premium for each growing season will be calculated on the basis of the rates in effect for such season for the limit of insurance in effect.

SCHEDULE OF INSURANCE—The limit of insurance shown for each crop is not to be considered an agreement as to the value of the crop at anytime nor the amount payable.

	County Code	LOCATION				Farm Number	Common Farm Name	My % Int. in Crop	Kind of Crop	Policy Form	Policy Form Code	Endorse-ment	No. Acres Insured	Ins Per Acre	Amount of Liability or Insurance	Rate	Whole Dollar Premium	Office Use Only
		Quarter Block	Sec No.	Twp N/S	Range E/W													
1														$	$		$	
2														$	$		$	
3														$	$		$	
4														$	$		$	
5														$	$		$	
6														$	$		$	
7														$	$		$	
COUNTY.....[ ] STATE.....[ ]													**TOTAL:**	xxxx	$	xxxx	$	
													Cash Discounts/Surcharge	$	$		$	
													Net Premium	$	$		$	

Form(s) and Endorsements made part of this Policy at time of issue: Insert Number(s)

Underwriting Data:

Explain all "Yes" answers.

	YES	NO
1. Have any of the crops listed above been hailed upon prior to signing this application?_____	☐	☐
2. Has additional insurance been purchased on the above crops?_____ (Name of Company) (Amount of insurance per acre)	☐	☐
3. Do you have additional acres of the above crops not included in this application? (Provide diagram with locations and crops.)	☐	☐

4. I am ☐ tenant ☐ landlord & live __miles (N/S) &__ miles (E/W) from _____(town)
The ☐ tenant ☐ landlord _____(Name) lives __ miles from _____(town)

FRAUD WARNING for TEXAS: Any person who knowingly presents a false or fradulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinment in prison.

FRAUD WARNING For Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Please see the Policy Jacket for Privacy Notice.

BINDER - Coverage shall take effect at the time and date stated in the crop provisions for the state in which the policy is issued. However if any acre of crop described in this application is damaged by any peril before the effective hour of this insurance, no insurance shall be in effect and within 72 hours after such damage you shall give us written notice and shall be entitled to return premium on such acre. This binder may be cancelled by us by written notice to you in accordance with the policy conditions.

I promise to pay Producer's Agriculture Insurance Company _____ Dollars, on or before _____. This amount is payment of the premium earned on the above numbered policy plus interest, if any. In the event of a loss, any unpaid premium plus interest will be deducted from the loss payment. If the premium is not paid by the due date shown above, add 1.5% interest per month, or any portion thereof.

OTHER INSURANCE - It is hereby agreed that if other insurance is written on the insured interest in the above described crops this Company will be notified in writing of the amounts of such other insurance, including Federal Crop Insurance Corporation Coverage. For purposes related to this insurance I hereby authorize representative(s) of the company access pertaining to the above described farm in the appropriate F.S.A. or other governmental office(s).

I declare the facts stated herein to be true. By_____
(Applicant's Signature)

Signed by Applicant_____o' clock_____M, _____Year_____

By_____ Agent Code_____
(Licensed Agent's Signature)

Version 1.7
Revised: June 3, 2013

The insurance products offered by Producers Ag Insurance Group™, Inc. d/b/a ProAg® may not be a complete list of all products offered and may not be offered in all states.
ProAg prohibits discrimination on the basis of race, color, national origin, sex, religion, disability, political beliefs, and marital or familial status.

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